

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Stuart D. Trachy

RECEIVED

JUL 24 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership,	firm or corporation, if a	ny:	DEL MANUELLE OF
(Name of partnersh	ip, firm or corporation)		
Two Eagle Square, Suite 300	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822(6	03)	cmail <u>strachy@aol.cor</u>	n
(Telephone)	(Fax)		
III. This statement covers: (Choose reportable expense transactions when the control of the control of the coverage of the cov	nich are not attributable t	o any one client).	
Enterprise Holdings	l f Client ag it amage	on the Lobbyist Registration For	<u></u>
OR All reportable transactions by the unrelated to any particular client.			
IV. Date of Report April 25, 2 Reports cover: activity from date of October 31 activity from 7/1.	fregistration to 3/31/18, , 2018	July 25, 2018 A activity from 4/1/18 to 6/30/18 January 30, 2019 activity from 10/1/18 to 12/31/	718
V. There have been no fees receive If this box is checked, complete just the Concord, NH 03301.	d and no reportable trans his form and submit it to th	actions made since the last repo e Secretary of State's Office, State	rt. 🔼 2 House, Room 204.
If you have paid an honora Expense Reimbursement	r made expenditures, you n rium or reimbursed expens	nust file Addendum A Fees and es, you must file Addendum B I ontributions, you must file Adden	Report of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belief. Should V (Signature of lobbyist)	RSA 664 and hereby swear	,	mation is true and complete $\frac{7}{2}$
Stuart D. Trachy		, (, ===,	•